TRAUMA *and* DREAMS

edited by

DEIRDRE BARRETT

Trauma and Dreams

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To our research subjects and psychotherapy clients,
whose collective experience may guide those who
cope with and treat trauma in the future

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Contents

Introduction

DEIRDRE BARRETT

> All the things one has forgotten scream
> for help in dreams.
>
> ELIAS CANETTI

Dreams constitute a unique window on trauma and its effects. The window is not clear, however, but prismatic, showing us a changed version of events that is frequently distorted but can also bring chaos into resolution. This view can be both diagnostic and therapeutic.

From folklore of the dead visiting dreamers to Shakespeare's Lady Macbeth sleepwalking and trying to wash blood off her hands, people in centuries past have known of the special relationship between trauma and dreaming. The traumas could be forgotten, as Canetti describes, or only too well remembered, as in the perspective of Walt Whitman's soldier:

> In midnight sleep of many a face of anguish,
> Of the look at first of the mortally wounded, (of that indescribable look,)
> Of the dead on their backs with arms extended wide,
> I dream, I dream, I dream
> . . . . .
> Long have they pass'd, faces and trenches and fields,
> Where through the carnage I moved with a callous composure, or away from the fallen,
> Onward I sped at the time—but now of their forms at night,
> I dream, I dream, I dream.
>
> "Old War-Dreams," 1865–66

As the formal Western disciplines of psychology and psychiatry developed, they to some extent lost touch with this awareness of trauma's impact

on dreaming. Ironically, the most significant factor in turning away from the folk wisdom that sees dreams as haunted by remembered or unremembered horrors has been the Freudian idea of "wish fulfillment." Many traditional analysts to this day interpret even quite unpleasant dreams in terms of Freud's assertion that all dreams represent the fulfillment of wishes. The irony is that Freud himself in later writings clearly came to believe that this was not always the case. He stated that dreams in "war neuroses" were an exception and better viewed as fear enactments. And despite the concept of wish fulfillment for which he is better known, Freud was well aware that real childhood sexual traumas could show up quite realistically in dreams, as in the following case:

> One of my patients was presented in a dream with an almost undistorted reproduction of a [traumatic] sexual episode, which was at once recognizable as a true recollection. His memory of the event had, in fact, never been completely lost in waking life, although it had become greatly obscured, and its revival was a consequence of work done previously in analysis. (Freud, [1900] 1965, p. 231)

Jung, in his writings on the symbolism in dreams and their parallels to myths and fairytales, also led most of his followers away from considering the involvement of literal trauma in dreams. But like Freud, Jung did recognize that these could be the primary source of a nightmare:

> Cases of severe shock were produced in abundance by the war, and here we may expect a large number of pure reaction-dreams in which the trauma is the determining factor. Although it is certainly very important for the over-all functioning of the psyche that the traumatic content gradually loses its autonomy by frequent repetition and in this way takes its place in the psychic hierarchy, a dream of this kind, which is essentially only a reproduction of the trauma, can hardly be called compensatory. (Jung, [1916] 1974, pp. 46–47)

For the first two thirds of this century little more was said about the role of trauma in dreaming. Wish fulfillment, metaphor, and symbolic interpretation became the focus of dream psychology. The psychology of trauma received remarkably little attention, with only minor renewal of interest following each war as society was challenged to integrate the survivors. In the late 1960s, however, veterans of the Vietnam War came home suffering even more severe Post-Traumatic Stress Disorder (PTSD) from close combat and guerrilla tactics than soldiers of previous wars. About the same time, feminism began to demand that society take seriously the domestic abuse of women and children. The modern study of psychological trauma began.

A connection between trauma and dreams now reappears in the recent literature on each, but the link is not usually developed further. Nightmares and recurring dreams are among the most common symptoms of PTSD.

One review of the disorder (Ross et al., 1989) even points to the disruption of rapid eye movement—REM or dreaming—sleep as the central defining characteristic of this syndrome. The authors suggest that PTSD symptoms such as extreme autonomic reactivity and vivid, even hallucinatory imagery of past events, "flashbacks," are normal phenomena for REM sleep and abnormally manifesting in the waking state. Nevertheless, in most trauma research or detailed PTSD reports, nightmares are often listed as a symptom without detail and without attention to their potential role in therapy. Similarly, dream studies consistently find stress and trauma to be much of what dreams focus on, and Domhoff (1993) goes so far as to suggest that this stress and trauma may be the central reason for dreams. Most dream theorists, however, continue to discuss even nightmares symbolically with only passing reference to the role of trauma.

Several studies have delineated a pattern of post-traumatic nightmares in which the initial dreams are fairly close to a literal reenactment of the trauma, sometimes with the twist that an additional horror, averted in real life, is added to the dream reenactment. Then, as time passes, and especially for those whose PTSD is gradually improving, the dream content begins to make the trauma more symbolic and to interweave it with concerns from the dreamer's daily life. Van der Kolk and colleagues (1984) found this to be true of Vietnam veterans' combat nightmares, in which the veteran's death, instead of his buddy's, was a common variant. Terr (1990) found that child survivors of the Chowchilla kidnapping dreamed at first of re-enactments of the kidnapping and later of variations such as being buried alive in places other than the kidnappers' property or being grabbed by the kidnappers out of their current setting. Child sexual abuse survivors whom she studied reported similar patterns. When I visited Kuwait after the Iraqi occupation, Kuwaitis told me recurring dreams that followed this pattern—literal reenactments that were beginning to change into more metaphoric nightmares about being trapped by enemies or, in the case of children, about Saddam Hussein chasing them. These dreamers were not familiar with Western ideas about post-traumatic dreams, and Arabic folk beliefs focus on dreams as predictors of the future, minimizing their relation to past events. Reenactment nightmares in this setting are thus interpreted in ways that stir up even more fear than in other cultures that the trauma will happen again. But the dreams themselves look very similar to those dreamed by Vietnam veterans or the children of Chowchilla (Barrett and Behbehani, 1995).

In dissociative disorders and other amnestic syndromes, dreams may be the first clue in recovering repressed memories of trauma. Williams (1995) has carried out the best study to date on adult memory of childhood trauma by following women with a documented history of childhood hospital visits

for sexual abuse. She found that a significant proportion of them repressed and then later remembered the abuse and that dreams were one of the modes in which these memories first returned. Proponents of the view that most recovered trauma is "false memory" are unaware of such findings. At the same time, enthusiasts who treat every sign of anxiety or depression as an indication of repressed trauma are unaware of the work of investigators such as Hall and Van de Castle (1966), who found that in their sample of thousands of dreams, the average dream's affect was the unpleasant side of neutral, or Hartmann (1984), who found that some frequent nightmare sufferers can be trauma free and that much horrific dream imagery can be purely metaphoric. How to distinguish between these etiologies of nightmares is one of issues this book addresses.

Even though much more clinical data relating dreams and trauma have been gathered in recent years, this information has for the most part been reported only in presentations at professional meetings, while little has been written on this topic. A tendency toward segregation is also evident, with half of the data presented to trauma societies and the other half to those for dreams. This book's purpose is to disseminate to dream analysts, trauma therapists, and other readers the work that exists at this interface.

The first two sections examine the catastrophic horrors of abnormal situations: combat, political torture, dramatic natural disasters, rape, and severe domestic abuse. Part I addresses encounters with these in childhood—the lasting effects on personality formation, the nature of memories for early trauma, and the development of defenses related to amnesia and dissociation. Nader discusses the way in which children dream of trauma directly at first, then more metaphorically as they begin to recover. Stoddard, Chedekel, and Shakun describe how the particular nature of traumatic burns during childhood results in nightmares struggling specifically with issues of damaged body image in addition to more general post-traumatic concerns. Belicki and Cuddy begin the important task of sorting how nightmares differ in populations with no history of abuse versus sexual abuse versus physical abuse, and find themes distinctive to each: the sexually abused women often dream of an evil presence entering their room or body, and their dreams have the most negative sexual content— especially that involving explicit anatomy—and the most content concerning others' dying; the women with a history of physical abuse report the most dreams about their own deaths. King and Sheehan describe a detailed psychotherapy protocol for using dreams to help diagnose and repair the damage of childhood incest. My own chapter focuses on patients with multiple personality and the ways in which their dissociative process gets intertwined with their dreams as alter personalities appear as dream characters, reminding the host of repressed

memories via dreams, and sometimes are able to design dreams to influence the host.

Part II addresses the impact of catastrophic horrors on adults and their dream life. Here the clinical syndrome is more likely to be classic Post-Traumatic Stress Disorder with overly intrusive memories (usually including repetitive nightmares) as a more frequent problem than suppression of memory. Wilmer describes the dreams of Vietnam veterans about atrocities of which they could be either the victim or the perpetrator; these began to diminish only once they were able to share their stories in a supportive environment. Hartmann looks at the differences between personality profiles of combat veterans who developed PTSD nightmares and those who did not, finding that the very youngest recruits and those who had lost a best friend with whom they were highly identified were the most vulnerable. Lavie and Kaminer remind us that the whole point of repression is as an adaptive defense in their finding that the Holocaust survivors who have recovered best are the ones who hardly remember any dreams at all. Lifton takes another look at the Holocaust in the guilt of one Nazi doctor's dreams and compares these with reports of Vietnam vets. Aron describes the eerie similarity of Central American refugees' nightmares even when their individual traumas are quite different. Muller follows a long series of dreams from a rape survivor over the course of psychotherapy, from ones that are close to reenactment of the recent rape, to ones weaving in assailants from a previous rape, to ones of related early childhood traumas, to more optimistic, survival-oriented dreams. Siegel studies the evolution of dreams in survivors of the Oakland firestorm, underlining the way in which it reactivated symptoms and nightmares for those with childhood traumas as opposed to the quicker resolution experienced by those with happier histories.

Part III concerns the common "traumas" potentially—or in the case of bereavement, inevitably—encountered in the course of a normal life. In the trauma literature it is often considered incorrect to refer to events such as bereavement, divorce, or life-threatening illness as "traumas"; that term is reserved for catastrophic natural disasters and the result of human evil—abuse, rape, war. There is some validity to this view—the more common tragedies do not carry the stigma and prohibition against discussion that rape and domestic abuse do for the victim or even the marginalization by lack of identification that natural disasters and war do. But bereavement and similar experiences do share the characteristics of shock, grief, the destruction of security, and the induction of disturbing dreams—all reasons that they are often labeled "traumas" in common parlance. They are included in this separate section to examine not only what they have in common with the previous two parts' links between trauma and dreams,

but also what may be different about the dreamings of people who have more societal support while working through normal grief and adjustment to major losses.

Cartwright follows subjects' dreams through divorce and finds that those who initially dreamed most about their ex-spouse and those with the most mastery dreams as opposed to simple repetition dreams are less prone to lasting depression. Garfield traces the Kubler-Ross-style stages that emerge in bereavement dreams. Sacks describes how dreams can be diagnostic of illness and recovery before these are clinically recognizable. Bosnak examines the ways in which dream work can aid the psychological adjustment of transplant patients to their new organ and speculates on the influence of incorporation dreams in preventing physiological rejection. Zadra explores the close relationship of trauma to recurring dreams and outlines the usefulness of lucid dreaming techniques for ending recurring nightmares or transforming them into an experience of empowerment.

Together, these accounts tell us in which ways different traumas are universal and in which ways they have unique effects on a survivor's functioning and dream life. The authors give guidance in discerning when nightmare content is metaphoric in origin and when it is literal. They help to answer the difficult questions posed by repression, which may help some dreamers to get on with their lives but prevent others from moving forward. Above all, these pages describe the rich variety of ways in which dreams can give voice to the unspeakable and begin to restore the savaged.

PART ONE

Dreams after Childhood Trauma

CHAPTER ONE

Children's Traumatic Dreams

KATHLEEN NADER

After a traumatic event, the children and adolescents who have been affected—those with direct exposure, those in the community without direct exposure, and some outside of the community, especially those who have been previously traumatized or worried about someone who might be endangered by the event—often report dreams of some sort about their experiences. Night terrors or nightmares associated with traumatic response have been reported for children after hospitalizations (Levy, 1945; Stuber et al., 1991), natural and man-made disasters (Newman, 1976; Hanford et al., 1986; MacFarlane, 1987), animal attacks (Gislason and Call, 1982), kidnapping (Terr, 1979), child abuse or molestation (McLeer et al., 1988; Kiser et al., 1991), war exposure (Baker, 1990; Nader and Pynoos, 1993b), community violence (Burgess, 1975; Pruett, 1979; Pynoos et al., 1987), and witnessing harm, for example, rape (Pynoos and Nader, 1988a). Depression is an associated feature of post-traumatic stress response, and horrible dreams are one of the factors found to be closely associated with depressive symptoms (Kashani et al., 1989).

The content and nature of children's and adolescents' dreams following traumatic experiences are affected by many variables, including (1) aspects of the traumatic experience, such as the number of deaths and the extent of loss experienced; the degree to which threat, injury, blood, mutilation, and/or death are witnessed; the perception of personal threat and threat to significant others; and imagined, feared, or rumored events associated with the traumatic event; (2) the prominence of specific traumatic imagery; (3) the phase of recovery; (4) specific meanings attributed to aspects of the event; and (5) individual experience and personality. This chapter provides a preliminary look at the trauma-induced dreams of children and adoles-

cents exposed to specific instances of violence, disaster, and catastrophic treatment for life-threatening illness.

Prevalence of Traumatic Dreams

The prevalence of dreaming may be affected by cultural factors. Levine (1991) compared the dreams of Irish, Israeli, and Bedouin children. Irish children exposed to media coverage were otherwise relatively isolated from the conflict in Northern Ireland. Israeli children were indirectly exposed to war; they had suffered bomb threats and had lost family members in combat. Bedouin children from Israel's Negev Desert complained of direct threats and intimidation from Israeli soldiers during relocation. Levine found that Israeli kibbutz children reported fewer dreams than either of the other two groups.

Within a single culture, the post-trauma frequency of traumatic dreams appears to increase with increased exposure and with greater severity of the traumatic response. Three to five weeks after a sniper attack on an elementary school playground ($N = 159$) (Pynoos et al., 1987), 63 percent of children on the playground during the attack, 56 percent of children inside the school, 42 percent of children not at school that day, and 33 percent of children on three-week vacation from this year-round school reported bad dreams. Children interviewed one and a half years after the 1988 Armenian earthquake (Pynoos and Goenjin, 1992) tended to report more frequent bad dreams the more severely traumatized they were.

The severity of the incident, including the degree of a sense of threat or horror, may increase traumatic dreaming. All of the twenty-three children kidnapped in Chowchilla from their school bus and buried in a truck trailer had dreams related to the kidnapping (Terr, 1979). One to three months after witnessing the rapes of their mothers, 80 percent of children ($N = 10$) reported dreams of the rape or bad dreams at least once per week. In half of the cases the children were made to watch, and in all other cases they were present at some point during the rape (Pynoos and Nader, 1988a). Prior to bone marrow transplantation, with its life-threatening and painful procedures, children aged three to six ($N = 6$) reported no bad dreams. Three months after transplantation, 67 percent of the children reported bad dreams, and six and twelve months after the transplant 83 percent did so (Stuber et al., 1991). In contrast, children exposed to the Three Mile Island nuclear power plant's partial meltdown and overflow of radioactive water in 1979 were not exposed to an immediate and direct life threat; nevertheless, 40 percent of the children interviewed reported dreams in which their families died or got cancer (Hanford et al., 1983).